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STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo  Application for a Class E Household Goods Certificate from:  Jordan River Moving, LLC  DBA Jordan River Moving and Storage	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER: 2018 - 228 - T  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)  Submitted by: David Popowski	<b>Telephone:</b> 843-722-8301
Address: Popowski Law Firm, LLC	<b>Fax:</b> 843-722-8309
171 Church Street, Suite 110	Other:
Charleston, SC 29401  NOTE: The cover sheet and information contained herein neither repla	Email: david@popowskilaw.com
as required by law. This form is required for use by the Public Service be filled out completely.  NATURE OF ACTIO	
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
X Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)	Date:	October 22, 2018
区 (HHG) - Household Goods		
☐ E (HAZ) - Hazardous Material		
<b>IMPORTANT!</b> If application is to amend scope of authority, <b>before</b> application will be accepted. If application is for a NEW		
Check one:		
New Application     ■		
☐ Amended Scope of Authority		
Current Scope: (list counties)		
Amended Scope: (list counties)		
l.	ana an Inglan Div	on Marring and Stones
Jordan River Moving LLC doing busing Name under which business is to be conducted (corporation, page 13).	partnership, or sole	proprietorship, with or without trade name.)
1130 Bluff Industrial Boul	levard, Columbia,	SC 29201
Succertaine	35 Of Apphount	
Mailing Address of Applicant	(if different from str	reet address)
803-814-0358		
Phone		FAX
jordanriversc@jor		om
Email	Address	

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

	Partnership - List  Corporation - List	/Sole Proprietorship names and address of all person names and addresses of two pr	•
		169th Pl. NE, Redmond, WA 980	
	Yaacov J. Bracha, 102	State St. #204, Kirkland, WA 98	033
	<u>- C ( 1809)</u>		
4.	Is applicant certified  • Yes	to provide <b>intrastate</b> transport	ation of household goods in another state: (Check one.)
	If yes, attach a letter regulations of said s		state(s) stating applicant is in compliance with the rules and
5.		lations pertaining to the intrasta	ntrastate household goods authority or failure to abide ate transportation of household goods in this state or any
	○ Yes	<ul><li>No</li></ul>	
	If yes, list dates and	nature of convictions below.	
6.	Has applicant ever has any other state? ( Che		ransportation of household goods revoked in this state or
	○ Yes	<ul><li>No</li></ul>	
	If yes, list dates ar	nd nature of revocations below.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>		
Value of Real Estate	8,000,000	Mortgage/Loan on Real Estate	3,400,000	
Value of Motor Vehicles	737,000	Loans Owed on Motor Vehicles	345,031	
Cash on Hand	0	Business/Other Loans Owed	0	
Cash in Bank	200,000	Other Liabilities or Debts	0	
Value of Other Assets and Equipment	250,036	Total Liabilities	3,745,031	
Total Assets	9,187,036			

### **INSTRUCTIONS:**

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "<u>Business/Other Loans Owed</u>" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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### PROPOSED RATES AND CHARGES FOR SERVICE

<u>Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):</u>
SEE ATTACHED

# COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be	Transported: (Check or	ne)			
	⊠ Household Goods, as defined in R103-210(1)				
☐ Hazardous Wastes, as defined in R103-210(2)					
Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.					
Abbeville	Cherokee	Florence	Lee	Saluda	
Aiken	Chester	Georgetown	Lexington	Spartanburg	
Allendale	Chesterfield	Greenville	Marion	Sumter	
Anderson	Clarendon	Greenwood	Marlboro	Union	
Bamberg	Colleton	Hampton	McCormick	Williamsburg	
Barnwell	Darlington	Horry	Newberry	York	
Beaufort	Dillon	Jasper	Oconee		
Berkeley	Dorchester	Kershaw	Orangeburg		
Calhoun	Edgefield	Lancaster	Pickens		
Charleston	Fairfield	Laurens	Richland		

# **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
	SEE ATTACHED		
	×.40		
	· · · · · · · · · · · · · · · · · · ·		
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\$ 500,000

\$ 750,000 \$ 2,500

5,000

### **INSURANCE QUOTE**

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insuran	ce quote is for:		
	Jordan River Moving, LLC, DBA Jordan	n River Ma	wing and Storage
	Name of Applica		oving and Storage
	13513 NE 126th Pl. Suite A, Kin	rkland W	A 08024
	Address of Applic		1 70024
Amount of Premium	<u>:</u>	<u>Limits</u>	Quoted: (See Below)
Liability Insurance \$	74,539	Limits	\$1,000,000/\$2,000,000
Cargo Insurance \$	28,688	Limits	\$250,000/\$500,000
* Attach Certificate of	Insurance if available.		
	Transguard Insurance Comp	oany of An	neria
	Name of Insurance Co		
	215 Shuman Blvd., #400, Wat	erville II.	60563
	Home Office Address of	Company	00000
the above quote meets	miliar with the Commission's Rules and Rothern the minimum insurance limits prescribed. th Carolina Department of Insurance to do	The insura	ance company making this quote is
* Form E and Form H Ce	ertificates of Insurance are required to be filed wi	th the Office	e of Regulatory Staff (ORS). The schedule of

### NOTICE:

minimum limits for Household Goods carriers are listed below:

any one time and place

Vehicle liability for vehicles less than 10,000 lbs. GVWR Vehicle liability for vehicles 10,000 lbs. or more GVWR

Cargo - For loss of or damage to property carried on any one motor vehicle

For loss of or damage to or aggregate of losses or damages of or to property occurring at

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state. sc.us/self-insurance.

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# Exhibit Fit, Willing, and Able (FWA)

	Jordan River Moving, LI	LC, DBA Jordan River	Moving and Storage
		Name	
1. Does Applicant ha	ave a Safety Rating from th	e U.S.D.O.T.?	
• Yes	○ No	<ul><li>Pending</li></ul>	(Submit when received.)
If Yes, indicate	cate rating below and provi	de copy.	
<ul><li>Satisfac</li></ul>	ctory Condit	tional O Un	satisfactory
2. Have any of Appl the past twelve (1)		een placed "out of serv	rice" by Transport Police safety officers in
O Yes	<ul><li>No</li></ul>		
3. Are there currently  ( Yes	y any outstanding judgmen	t(s) against the Applica	unt?
	⊙ No		
If "Yes", list judg	ements here:		
laws that govern f		tions in South Carolina	ety regulations and workers' compensation, and does Applicant agree to operate
Yes	O No		
			the insurance premium costs associated ng current insurance premiums.)
<ul><li>Yes</li></ul>	O No		

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the	applicable	box:
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	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
$\nabla$	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-
$\triangle$	mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc
	gov to create a My DMS account.
	The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South

Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

	Applicant's Signature
	President
ua	Title of Applicant (e.g. President, Owner, etc.)
washington JB State of S <del>outh Carolina</del>	
county of King )	CAN GUIL
SWORN TO BEFORE ME This 19th day of 00000, 20 B	NOTAR
menalter	PUBLIC
Notary Public	OK WASHING
Commission Expires 1 29 2020	"Illinoise"

### **Personal Identification Information**

Name of Applicant:	Jordan River Moving LLC doing business as Jordan River Moving and Storage
Address:	1130 Bluff Industrial Boulevard, Columbia, SC 29201
Federal Employer Identification Number:	26-1820599

\*\*\*\*\*\* Confidential \*\*\*\*\*\*

For Internal Use Only

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

### Jordan River Moving, LLC, DBA Jordan River Moving and Storage Applicant's Name

### **Safety Certification**

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

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Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completio compliance review audit, is found not to be in compliance, may have its certificate revoked.  PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:	
transport hazardous materials	u will operate only small vehicles (GVWR of 26,001 pounds or less) and do not s in a quantity to require placarding under the HM regulations and are thus exempt from ion, you must certify as follows:
PLEASE CHECK TH	d will observe FMCSR general operational safety fitness guidelines.  E APPROPRIATE RESPONSE BELOW:  Not Applicable
information supplied on this and authorized to file this ap	ha_, verify under penalty of perjury under the laws of the State of South Carolina, that al form or relating to this application is true and correct. Further, I certify that I am qualified plication. I know that willful misstatements or omissions of material fact constitute le by imprisonment and fines as prescribed by law. (Note: This oath embraces all filings to this application).

SWORN TO BEFORE ME day of October Notary Public Commission Expires

Applicant's Signature **Print Application** 10 of 10